DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

joint inventor (if plural names are	listed below) of a ntitled: Multifun	only one name is listed below) or an othe subject matter which is claimed etion Exercise Device the specification	and for which a
attached hereto amess the following	is effected.	•	
[] was filed on Application Number	as U	nited States Application Number or P I was amended on(CT International (if applicable).
including the claims, as amended by	any amendment r information which	I the contents of the above identification of the above identification of the above identification of the content of the conte	
Address all telephone calls to: Ms. 1	Kim Parmater	at phone number (952) 476-5493	
Address all correspondence to: Kim Parmater			
19091 Ashcroft Circle			
Minnetonka, MN 55345			
on information and belief are belief knowledge that willful false statem	eved to be true; a ents and the like 8 of the United S	own knowledge are true and that all nd further that these statements were so made are punishable by fine or itates Code and that such willful false issued thereon.	e made with the morisonment, or
Kim Parmater			
Name of First or Sole Inventor (given na	me, family name)	Name of Second Joint Inventor (given na	ime, family name)
KmParmed	e	>	/ /
Inventor's Signature	Date	Second Inventor's Signature	Date
Minnagata	TICA		
Minnesota Residence	U.S.A. Citizenship	Residence	Crteronales
	Cinzonsinp	Residence	Citizenship
19091 Ashcroft Circle			
Street Address or P.O. Box		Street Address or P.O. Box	
Minnetonka MN	55345 IISA		

[] Additional inventors are named on separately numbered sheets attached hereto.

Zip Code Country

City

State

Zip Code Country

State

Cıty